Maculata Place

Performance Report

124 Maculata Drive
SHEPPARTON VIC 3630
Phone number: 03 5892 4000

**Commission ID:** 3349

**Provider name:** Shepparton Retirement Villages Inc

**Assessment Contact - Site date:** 25 May 2021

**Date of Performance Report:** 8 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The overall Quality Standard is not assessed as only one requirement has been assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

#### The Assessment team found management described high impact and high prevalence risks at the service including falls, pressure injury and wound care and behavioural issues. In relation to these risks, the service demonstrated effective management of risks associated with the care of each consumer.

#### The service records high impact and high prevalence risks through their clinical data. The clinical data is gathered, collated and reviewed by clinical management to identify high risk areas and trends. Reports are reviewed regularly by the clinical and care managers, and with the clinical and executive management team on a monthly basis.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The overall Quality Standard is not assessed as only one requirement has been assessed.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment team found service supports consumers to maintain their spiritual, emotional and psychological well-being. Staff facilitate access to church services and links to community venues and organisations in line with the requirements and preferences of consumers. Consumers interviewed provided examples of what emotional, spiritual and psychological well-being meant to them and documentation viewed reflected the identified support needs. The Assessment Team observed staff speaking with consumers about things of interest or importance to them.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The overall Quality Standard is not assessed as only one requirement has been assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment team found the organisation has a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed. Individual care plans include risks to consumers and actions to minimise risk of occurrence or injury
* the abuse and neglect of consumers is identified and responded to including the use of SIRS reporting system. Management described the reporting process and staff confirmed they have received education
* management states they receive alerts regarding potential Serious Incident Response Scheme (SIRS) incidents
* consumers are supported to live the best life they can.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.